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Attorney Docket No.: RTS-0201  
Inventors: Zhang and Watt  
Serial No.: 09/659,860  
Filing Date: September 11, 2000  
Examiner: James Schultz  
Group Art Unit: 1635  
Title: Antisense Modulation of Caspase 7  
Expression

**Certificate of Facsimile Transmission**

I hereby certify that this paper is being facsimile  
transmitted to the Patent and Trademark Office on  
the date shown below.

On November 4, 2002

Jane Massey Licata  
Jane Massey Licata Registration No. 32,257

Assistant Commissioner for Patents  
Washington, D.C. 20231

Dear Sir:

**PRELIMINARY AMENDMENT AND**  
**RESPONSE TO RESTRICTION REQUIREMENT**

This Response is being submitted in reply to the Restriction Requirement mailed October 2, 2002, setting a one (1) month statutory period for response. Please enter the following amendments and remarks into the record.

**In the Claims:**

Please cancel claim 3.

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>			Docket No. <b>RTS-0201</b>		
Applicant(s): <b>Zhang and Watt</b>					
Serial No. <b>09/659,860</b>	Filing Date <b>September 11, 2000</b>	Examiner <b>James Schultz</b>	Group Art Unit <b>1635</b>		
Invention: <b>ANTISENSE MODULATION OF CASPASE 7 EXPRESSION</b>					
<u><b>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</b></u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	19 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	2 -	3 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>50-1619</b> A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
_____ <i>Jane Massey Licata</i> Signature			Dated: <b>November 4, 2002</b>		
<b>Jane Massey Licata</b> <b>Reg. No. 32,257</b> <b>Licata &amp; Tyrrell P.C.</b> <b>66 E. Main Street</b> <b>Marlton, NJ 08053</b> <b>Tel: 856-810-1515</b> <b>Fax: 856-810-1454</b>			I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.  _____ Signature of Person Mailing Correspondence  _____ Typed or Printed Name of Person Mailing Correspondence		
CC:					

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